



BabyNet System Personnel Credential Application



☆☆☆☆ ALL ENTRIES MUST BE PRINTED ☆☆☆☆

1. SYSTEM AFFILIATION: Contractees of DHEC/BabyNet may not begin providing services until notified by BabyNet Central Office of contract approval and by TECS of receipt this application.

A. Hire Date/Date SC DHEC Contract Approval for provision of BabyNet Services _____

mm/dd/yyyy

B. Employer:

☐ DHEC Contractor

Name on Contract: _____

☐ DHEC/BabyNet

☐ DHEC/CRS

☐ DMH

☐ SCSDB

☐ DDSN

☐ Central Office

☐ Name of DSN Board or DDSN SubContractor: _____

2. APPLICANT INFORMATION: All sections are required. If ANY of this information should change (including your system role and/or service on page 2), or your employment within the BabyNet System ends, it is your responsibility to notify the TECS office of this change using this form.

A. Degree (check highest level of education):

☐ Associate

☐ Bachelors

☐ Masters

☐ Doctorate

☐ Other: _____

B. Discipline/Specialty (see instructions for approved codes):

C. Number of years experience with children birth to 3:

D. Last Name:

E. First Name:

F. MI:

G. e-mail:

H. Home Address:

☐ Check here if you want credential mail sent to this address

I. City:

J. State:

K. Zip:

L. Work Address

☐ Check here if you want credential mail sent to this address

M. City:

N. State:

O. Zip:

P. Home Phone:

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Q. Work Phone:

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R. Fax:

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S. County(ies) served:

Region		County/ies
1	<input type="checkbox"/> all	<input type="checkbox"/> Abbeville <input type="checkbox"/> Anderson <input type="checkbox"/> Edgefield <input type="checkbox"/> Greenwood <input type="checkbox"/> Laurens <input type="checkbox"/> McCormick <input type="checkbox"/> Oconee <input type="checkbox"/> Saluda
2	<input type="checkbox"/> all	<input type="checkbox"/> Cherokee <input type="checkbox"/> Greenville <input type="checkbox"/> Pickens <input type="checkbox"/> Spartanburg <input type="checkbox"/> Union
3	<input type="checkbox"/> all	<input type="checkbox"/> Chester <input type="checkbox"/> Fairfield <input type="checkbox"/> Lancaster <input type="checkbox"/> Lexington <input type="checkbox"/> Newberry <input type="checkbox"/> Richland <input type="checkbox"/> York
4	<input type="checkbox"/> all	<input type="checkbox"/> Chesterfield <input type="checkbox"/> Clarendon <input type="checkbox"/> Darlington <input type="checkbox"/> Dillon <input type="checkbox"/> Florence <input type="checkbox"/> Kershaw <input type="checkbox"/> Lee <input type="checkbox"/> Marion <input type="checkbox"/> Marlboro <input type="checkbox"/> Sumter
5	<input type="checkbox"/> all	<input type="checkbox"/> Aiken <input type="checkbox"/> Allendale <input type="checkbox"/> Bamberg <input type="checkbox"/> Barnwell <input type="checkbox"/> Calhoun <input type="checkbox"/> Orangeburg
6	<input type="checkbox"/> all	<input type="checkbox"/> Georgetown <input type="checkbox"/> Horry <input type="checkbox"/> Williamsburg
7	<input type="checkbox"/> all	<input type="checkbox"/> Berkeley <input type="checkbox"/> Charleston <input type="checkbox"/> Dorchester
8	<input type="checkbox"/> all	<input type="checkbox"/> Beaufort <input type="checkbox"/> Colleton <input type="checkbox"/> Hampton <input type="checkbox"/> Jasper

For office use only. Date application received:

3. EARLY INTERVENTION ROLES AND SERVICES: Content requirements of the BabyNet Credential are set by the role/s served and/or service provided by personnel in the system.			
3A. BABYNET SYSTEM ROLE/S: Check the role/s you currently serve in the BabyNet Early Intervention System.			
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	Parent-Delivered Resources and Supports		Curriculum-Based Assessment (CBA) Provider
	BabyNet Program Manager		Eligibility Determination Team Member (DHEC only)
	BabyNet Regional Consultant		BabyNet Service Coordinator <input type="checkbox"/> I also provide Special Instruction
	BabyNet System Manager		BabyNet Service Provider: IF THIS ROLE IS CHECKED, APPLICANT MUST CHECK ONE SERVICE IN SECTION 3B 'BABYNET SERVICE PROVIDED' BELOW
	BabyNet Supervisor		Interagency Monitoring Team Member
	BabyNet Intake Coordinator		Technical Assistance Specialist
3B. BABYNET SERVICE PROVIDED: Check ONLY if the 'BabyNet Service Provider' role was checked in Section 3A			
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	Autism Services <input type="checkbox"/> ABA Consultant <input type="checkbox"/> ABA Provider		Occupational Therapy <input type="checkbox"/> Therapist <input type="checkbox"/> Assistant
	Assistive Technology		Physical Therapy <input type="checkbox"/> Therapist <input type="checkbox"/> Assistant
	Audiology		Psychological Services <input type="checkbox"/> Psychologist <input type="checkbox"/> School Psychologist
	Family training, counseling, home visits & other supports		Speech-Language Pathology <input type="checkbox"/> SLP-CCC <input type="checkbox"/> SLP-CFY <input type="checkbox"/> SLP Assistant
	Health Services		Social Work Services
	Language Interpreter <input type="checkbox"/> Foreign Language <input type="checkbox"/> Interpreter for the Deaf		Special Instruction
	Medical services (diagnostic & evaluation only)		Transportation Services
	Nursing Services		Vision Services <input type="checkbox"/> Optometry <input type="checkbox"/> Ophthalmology <input type="checkbox"/> O & M
	Nutrition Services	3C. FOREIGN LANGUAGE/S INTERPRETED:	
4. CERTIFICATION To the best of my knowledge, I hereby certify that all of the information provided in this is true, correct and complete. I agree to report any changes regarding this information to Team for Early Childhood Solutions (TECS) in a timely manner.			
A. Signature:			B. Date:

You may also fax or mail the completed form to:

BabyNet Credentialing, ATTN: Glynda York
CDR, USC-SOM/PEDS, TECS, Columbia, SC 29208
e-mail: credential@cdd.sc.edu Fax: (803) 935-5300